

Tools needed for Section III:



- The *Breastfeeding Answer Book* by La Leche League International
- *The Breastfeeding Education Guide* by the Colorado WIC Program
- Video: "Breastfeeding Techniques that Work! The First Week," Volume 8 by Kittie Frantz

Breastfeeding is a learning experience for both mom and baby.



Section III: Off to a Good Start— What to Expect in the First Two Weeks

During the first few weeks after delivery a mom experiences many new feelings both physically and emotionally. She is learning about being a mother, caring for her infant, and balancing the many new demands placed on her. Physically her body is recovering from pregnancy and delivery, adjusting to hormone changes, and her breasts are now showing signs of milk production.

Educating women prenatally on what they can expect in the first two weeks can mean the difference between success and failure in a mother's breastfeeding experience. Women need to hear that breastfeeding in the first few weeks takes time and adjustment as mom and baby get to know each other.

As breastfeeding educators we must **be careful not to portray the first weeks as being "easy" or coming naturally.**

Breastfeeding is a learning experience for both mom and baby—it takes time to feel comfortable and time to develop routines. If moms are told breastfeeding is "easy," they may feel like failures if breastfeeding is not so easy for them. Be positive and encouraging while being realistic about the challenges during the first few weeks.

Success is often determined within the first few days of breastfeeding. Therefore it is important to encourage women to ask questions of their doctors and the hospital regarding what breastfeeding support services are available to them at the time of delivery. A woman can request that her doctor place orders in her baby's chart requesting no supplement be given unless medically necessary. If mom can visit the hospital nursery prior to delivery she should inquire about their breastfeeding support practices. Is there a lactation consultant on staff? Does the hospital allow rooming-in? Are the nursery staff supportive of breastfeeding? Will the nurse bring her baby to her to breastfeed around-the-clock if there is no rooming-in? Is mom able to put the baby to breast immediately after delivery? Women need to express their desire to breastfeed and ask for the support to do

so.

The first milk—Colostrum

A mother's first milk is colostrum. High in antibodies, colostrum gives an infant his first "immunization" against illness and infection. Colostrum, despite its small quantity (teaspoons per feeding), is all the infant needs for the first few days of life.

Colostrum is the perfect food for newborns.

Many new mothers quit breastfeeding within the first few days under the false pretense that they do not have enough milk. It's true that colostrum comes in very small amounts, however, a newborn's stomach capacity is also small. Colostrum is the perfect food for newborns and is often called "liquid gold" because of its color and nutritional value. Its appearance is often thick and yellowish but it may be clear. Antibodies and protective white blood cells found in colostrum are capable of attacking harmful bacteria. It also coats the inside of the newborn's intestines preventing the invasion of harmful bacteria.

Colostrum is the ideal food for the first days of life because it is easily digested, low in sugar, and high in protein. It also has a laxative effect, helping the newborn eliminate meconium (infant's first bowel movements which are black and tarry in appearance). Meconium contains bilirubin which can lead to jaundice if not eliminated from the body. Frequent breastfeedings can help reduce the incidence and severity of jaundice.

The first feeding

Breastfeeding should take place as soon after delivery as possible, preferably within the first hour when the mother and newborn are most alert. Early breastfeeding is important because it helps:

- mom and infant bond
- the mother's uterus to contract
- prevent infant jaundice
- build a mother's milk supply

Breastfeed often

Newborns should nurse every 1½ to 3 hours.

Frequency of feeding is very important to help build a mother's milk supply and get breastfeeding off to a good start. Newborns should be nursed 8 to 12 times in 24 hours, about every 1½ to 3 hours. One four- to five-hour span without feeding in a 24-hour period is okay. A sleepy baby may need to be awakened to feed this frequently. After the first few days, most babies will begin to wake on their own to feed. Breastfed babies often feed more frequently than a formula-fed baby because breast milk is easily digested. Supplemental water or formula is not necessary and should not be given because it can interfere with an infant's need

A newborn should feed for approximately 10 to 15 minutes on each breast.

Engorgement often occurs when mom's milk comes in—this is a natural occurring process.

to breastfeed. Water may also cause overhydration. Infants should be nursed on both breasts at each feeding, alternating the breast a feeding is started on. Nursing on both breasts ensures that infants get enough nourishment and stimulates an adequate milk supply.

Duration of feedings

Nursing long enough to empty the breast ensures an infant receives the hind milk (the milk highest in fat and calories) and it helps build a mother's milk supply. Once a mother's milk has come in, a newborn should feed approximately 10 to 15 minutes on each breast. Limiting nursing times can cause milk supply problems and inadequate weight gain for the newborn.

No artificial nipples

Bottle nipples and pacifiers can interfere with the success of breastfeeding. Every time the newborn sucks on a bottle or pacifier, the breasts are not receiving the stimulation needed for building a mother's milk supply. It is also less work to get milk from a bottle compared to the breast, therefore, if a bottle is introduced too early, a baby will prefer the bottle nipple over his mother's nipple. Refusal of mom's breast can be devastating to a new mom. It is recommended that infants not be given any bottles or artificial nipples until they are 3 to 4 weeks of age.

When mom's milk comes in

Colostrum is replaced with breast milk between 2 to 4 days after delivery. Breast milk is more abundant and bluish-white in color and resembles skim milk. As colostrum is replaced with milk, the breasts will become larger, somewhat firm, and slightly tender. This natural occurring process is called engorgement. Engorgement will normally last a few days until the body adjusts to making and releasing milk. Frequent nursing and emptying of the breasts is the key to the prevention of severe engorgement and building an ample milk supply. Infrequent feedings will cause breasts to become full and hard, putting pressure on the milk ducts, causing them to produce less milk. **Severe, painful engorgement** is a breastfeeding emergency and a mother should be quickly referred to the WIC RD/RN for further assessment and treatment.

Activity

Check box when completed ✓

☐

Read pages 414-418, “Engorgement” in *The Breastfeeding Answer Book*.

List 2 things you would tell a mom to prevent engorgement.

List 3 suggestions for easing the discomfort of breastfeeding.

Answers

Check your answers with suggestions in *The Breastfeeding Answer Book*.

Nipple Soreness

Nipple discomfort varies from woman to woman. Typically most women experience some mild discomfort in the first week of breastfeeding. Usually the discomfort is at the beginning of a feeding until a mother's milk lets-down.

Severe nipple pain during the entire feeding, or pain persisting beyond one week, probably means the baby is poorly positioned or is not properly latched-on to the breast or may indicate a breast infection. If the baby is not latched on correctly, not only will the mother experience pain with feedings but the baby is also at risk of not getting enough milk. And if milk is not removed from the breast, mom's milk supply will decrease. **Severe sore nipples** require the woman to be referred to an RD/RN immediately for further evaluation.

Activity

Check box when completed ✓

☐

Read pages 388 to 391, “Sore Nipples” in *The Breastfeeding Answer Book*.



© Marianne Neifert, M.D. Reprinted with permission.

Colostrum is replaced by milk by 2 to 4 days postpartum.

Signs the newborn is well-nourished:

- 6 to 8 wet diapers
- 4 stools per day
- Nursing for at least 10 minutes on each breast
- Breasts feel full before feedings and softer after feedings
- Baby gains 1 ounce per day after a mother's milk comes in

A baby will get more milk from nursing at both breasts than nursing from one side only.

How to know if a breastfed baby is getting enough

(Adapted from "How Do I Know My Baby Is Getting Enough Milk?" by Neifert, M., and Seacat J., 1989)

Frequency of feedings

More frequent, shorter nursings, 8 to 10 times a day (at least 20 to 30 minutes), build and maintain a mother's milk supply more effectively than less frequent but longer nursings! The following patterns are typical of well-nourished breastfed babies during the first month of life, once a mother's milk has come in.

Milk comes in

Mature breast milk should "come in" at 2 to 4 days postpartum. Milk is then present in larger quantities and is whitish-bluish in color.

Many wet diapers

A newborn infant should urinate at least 6 to 8 times a day. The urine should be colorless, not yellow. A red or pink "brick dust" appearance on the diaper suggests the newborn is not getting enough milk.

Many bowel movements

A breastfed baby should have multiple bowel movements each day. Many breastfed infants pass a stool with every nursing during the first 3 to 4 weeks of life. If the newborn baby is having fewer than four stools each day, it might mean he is not getting enough to eat. A breastfed baby's stool is softer and lighter in color. Its appearance is often referred to as cottage cheese and mustard.

Rhythmic suckling

A newborn should suck rhythmically for at least 10 minutes on each breast. He may pause periodically, but he should nurse vigorously throughout most of the feeding. A baby will get more milk from nursing at both breasts than nursing from one side only. If the newborn typically falls asleep and will not take the second breast, you should suggest to mom to divide the baby's effective suckling time between the two breasts rather than nursing 20 minutes on one breast. Alternate the side on which feedings start so both breasts receive comparable stimulation and emptying.

Baby appears satisfied

© Marianne Neifert, M.D. Reprinted with permission.

A mother should hear her infant swallowing during a feeding.

A breastfed infant should gain about one ounce each day for the first several months of life.

Activity

Check box when completed ✓ ☐

A newborn baby should appear satisfied after nursings and will probably fall asleep at the second breast. Breastfed infants who appear hungry after most feedings, who chew their hands after nursing, and who often require a pacifier may not be getting enough milk.

Mild breast discomfort

Mild nipple tenderness is common for the first several days of nursing. The tenderness is usually only at the beginning of the feedings. Discomfort is typically gone by the end of the first week.

Breasts feel full

A mother's breast should feel full before each feeding and softer after the nursing session. A mother should hear her baby swallow regularly while breastfeeding. One breast may drip milk while the baby nurses on the other side.

Sense of milk let-down

After 2 or 3 weeks, the new mom might be aware of the sensations associated with the milk ejection, or milk let-down reflex. This can be a "tingling," "pins and needles" sensation in the breasts as the milk begins to flow. The baby may start to gulp milk and milk may drip or spray from the other breast. Just hearing the baby cry might cause mom's milk to let-down, even before the baby latches-on.

Adequate weight gain

Once the milk has come in, a breastfed infant should gain about one ounce each day for the first several months of life. The only way to be absolutely certain that an infant is getting enough milk is to have him weighed regularly. If the baby is not gaining appropriately, it may be an indication that either mother's milk supply is low or the baby is not nursing effectively. Such breastfeeding difficulties are easier to remedy if recognized and treated early.

Read pages 28 & 29, "False Alarms," in *The Breastfeeding Answer Book*.



© Marianne Neifert, M.D. Reprinted with permission.

Leaking Milk

Many women experience leaking milk, especially during their baby's early months, and sometimes during the last months of pregnancy. Assure mom that this is normal. Leaking can occur on one side when baby is nursing on the other; it can also occur when it's almost feeding time. The sight, sound, or even thought of her baby may trigger leaking. Some women may not experience leaking and have plenty of milk. The following are some tips to help moms with leaking:

Tips to manage leaking

Applying gentle pressure to the nipples can stop the leaking. Mom can fold her arms across her chest and put the heels of her hands directly on her nipples to stop the milk flow or she can put her hands under her chin and lean into her forearms pushing her nipples back towards the chest wall. Emphasize the importance of using only gentle pressure. Nursing pads can be useful. However, caution moms to avoid using the disposable pads that have plastic liners, as these may retain too much moisture and lead to soreness. Some nursing pads are cloth and are reusable. Moms can also make their own nursing pads from absorbent material such as cloth diapers sewn together.

Explain to mom that if she is feeling very full or engorged, she should allow the milk to flow in order to relieve the fullness rather than hold it back. She can catch the overflow in an absorbent towel or cloth diaper to keep herself dry.

Key Points



Colostrum is the perfect food for baby's first days. It's easy to digest and protects baby from illness. It comes in small amounts.

Nursing within 1 to 2 hours after delivery is important. Frequency of nursing should be every 1½ to 3 hours.

Duration of nursing sessions should be 20 to 30 minutes in length. Frequency of feeding and emptying of breasts build a mother's milk supply.

Avoidance of pacifiers and bottles the first 3 to 4 weeks after delivery helps to get breastfeeding off to a good start and helps mom establish her milk supply.

Breast milk replaces colostrum and comes in about 2 to 4 days postpartum.

A good indication that a newborn is getting enough to eat is when they are gaining an ounce a day and having 6 to 8 wet diapers and at least 4 bowel movements in 24 hours.

Some nipple tenderness is normal, but if breastfeeding is so painful mother hates to breastfeed or is having cracked, blistered, or bleeding nipples, intervention is needed. Refer to WIC RD/RN.

Engorgement occurs after mother's milk "comes in" and normally lasts a few days. If mom is in severe pain or the infant is having problems latching-on, intervention is needed. Refer to WIC RD/RN.

Section III — Activities

Check box when completed ✓ ☐

View video: "Breastfeeding Techniques that Work, the First Week," Volume 8, by Kittie Frantz (25 minutes)

☐

Using "Section III — Off to a Good Start" in the *Breastfeeding Education Guide* practice providing an education session.

☐

Review each of the educational pamphlets listed at the end of Section III in the *Breastfeeding Education Guide*.

☐

Work with your supervisor to schedule a time when you may observe a breastfeeding class, a lactation consultant in your agency or community, or a WIC RD/RN breastfeeding education session. Be sure to take notes and list comments or ideas that you can use in your own education sessions.

☐

Scenario I

Janice delivered four days ago. The nurse at the hospital helped her with positioning and Janice feels that she knows how to position her baby on the breast. Breastfeeding was going well the first few days and she was breastfeeding every two hours. Her milk came in yesterday and her breasts are very full and are becoming painful. The baby is having problems latching on and keeps slipping off the breast during the nursing session. Janice is breastfeeding about every 3 to 3½ hours and is concerned because her nipples are becoming more sore.

What do you suspect is the problem?

What recommendations would you give to mom?



Scenario II

Mary delivered six days ago. Breastfeeding seemed to be going well the first two days but now Mary states she is having a lot of problems and is thinking of bottle-feeding. Her breasts are very full, painful, hot, and shiny—even her underarms are painful. The baby can't seem to latch-on to the nipple and becomes frustrated and fussy while breastfeeding.

What do you suspect is the problem?

What recommendations would you give to Mary?

Scenario III

Sue comes to the WIC clinic 10 days after delivery. She reports her baby is such a good baby because he already sleeps through the night at 10 days of age. You weigh him and find he is 5 ounces below birth weight.

How would you respond?

Possible Answers

Scenario I

Janice has symptoms of engorgement which could be caused by infrequent feedings and poor positioning as indicated by her complaint of sore nipples. Janice should be encouraged to increase the frequency of feedings to every 1½ to 3 hours (8 to 12 times a day). Tips for managing engorgement in the *Breastfeeding Education Guide* should also be reviewed with Janice. If you determine Janice's engorgement to be severe she should be referred to the WIC RD/RN immediately.

Scenario II

Mary has symptoms of severe engorgement or possibly a breast infection. She should be referred to the WIC RD/RN immediately for further assessment. If the WIC RD/RN is not available she should be referred to a lactation specialist or her doctor. You review with her ways to ease her engorgement as listed in the *Breastfeeding Education Guide*.

Scenario III

“I know you need the rest though newborns need to feed at least 8-12 times in a 24-hour period. We like to see babies back to their birth weight by 2 weeks of age. To help increase his weight and your milk supply, do you think you could wake him to feed during the night? If you can make sure he feeds at least 8-12 times in 24 hours, his weight should increase so that he gains 1 or more ounces a day.” “Would you like to bring him back to the clinic at 2 weeks of age so we can weigh him to make sure he has started to gain weight adequately?”

Section III — Quiz

(10 possible points) (1 point each)



1. T or F Colostrum helps a newborn infant eliminate meconium.
2. T or F A newborn should be nursed every 3 to 4 hours.
3. T or F Breastfed infants need a bottle of water every day.
4. T or F It is better for a newborn to nurse for 10 minutes at each breast than for 20 minutes on one breast.
5. T or F A mother's milk comes in between 4 to 6 days.
6. T or F A newborn baby should have at least 4 bowel movements a day if they are getting enough milk.
7. T or F A newborn should nurse at least 8 to 12 times a day.
8. T or F A breastfed baby's stool looks like cottage cheese and mustard.
9. T or F Engorgement should be treated immediately.
10. T or F Colostrum is bluish-white in color.

Answers	1. T
2. F; every 1½ to 3 hours	
3. F; breast milk is all the infant needs	
4. T	
5. F; between 2 to 4 days	
6. T	
7. T	
8. T	
9. T	
10. F; yellowish to clear	

How Do I Rate?

10 points	=	Expert
8-9 points	=	Good Job!
6-7 points	=	Go Back and Look Over Major Points
<6 points	=	Review Entire Section

Optional Reading

Dr. Mom's Guide to Breastfeeding, by Marianne Neifert, M.D., Chapter 5

Nursing Mother's Companion, by Kathleen Huggins, Chapter 2:
Off to a Good Start: The First Week.

The Breastfeeding Answer Book, by Le Leche League International, Chapter 3: Breastfeeding Basics